

To ensure proper credit, please DO NOT fold or staple.

IT-540ES-SD (2026)

LOUISIANA ESTIMATED TAX DECLARATION VOUCHER FOR INDIVIDUALS – 2026

If year end differs from prior year, mark box. ☐ For calendar year 2026 or fiscal year ending _____ month/year

I

Your Social Security Number	Spouse's Social Security Number	Payment Due Date	INDIVIDUAL Voucher
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Name
Spouse's Name
Address
City, State ZIP

Amount of payment. DO NOT SEND CASH.

\$.00



Mail this form with your payment to:
LA DEPT OF REVENUE
PO BOX 91007
BATON ROUGE LA 70821-9007

Mail date					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

For office use only

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